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13 JUL 11 AM 10:47

2 RICHARD W. WIEKING  
3 CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

8 UNITED STATES DISTRICT COURT  
9 NORTHERN DISTRICT OF CALIFORNIA

10 James Edward Lawson

11 Plaintiff,

12 vs.  
13 Dan Foy  
D Sonallen

14 M Goughnour  
Eureka parole office

15 Defendant.

CV

08

CASE NO.

3349

VRW

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

(PR)

16 I, James Edward Lawson, declare, under penalty of perjury that I am the  
17 plaintiff in the above entitled case and that the information I offer throughout this application  
18 is true and correct. I offer this application in support of my request to proceed without being  
19 required to prepay the full amount of fees, costs or give security. I state that because of my  
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am  
21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes        No ✓

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the  
25 name and address of your employer:

26 Gross: \_\_\_\_\_ Net: \_\_\_\_\_

27 Employer: CDCR / ADA / CCCMS  
28 \_\_\_\_\_

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

4 Fla in 1999 wkaaw

7 2. Have you received, within the past twelve (12) months, any money from any of the  
8 following sources:

9      a. Business, Profession or Yes \_\_\_ No

10     self employment

11     b. Income from stocks, bonds, Yes \_\_\_ No

12     or royalties?

13     c. Rent payments? Yes \_\_\_ No

14     d. Pensions, annuities, or Yes \_\_\_ No

15     life insurance payments?

16     e. Federal or State welfare payments, Yes \_\_\_ No

17     Social Security or other govern-

18     ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
20 received from each.

23 3. Are you married? Yes  No

24 Spouse's Full Name: John

25 Spouse's Place of Employment: \_\_\_\_\_

## 26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

7 5. Do you own or are you buying a home? Yes No

8 | Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 | 6. Do you own an automobile? Yes  No

10 | Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ \_\_\_\_\_

13 7. Do you have a bank account? Yes  No  (Do not include account numbers.)

**14** Name(s) and address(es) of bank: \_\_\_\_\_

**16** Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes  No  Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
19 market value.) Yes       No ✓

21 8. What are your monthly expenses?

22 | Rent: \$ Homeless Utilities: \_\_\_\_\_

23 | Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24 | Charge Accounts:

	<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
25		\$ / / / /	\$ _____
26		\$ / / / /	\$ _____
27		\$ / / / /	\$ _____
28		\$ / / / /	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 Collage in Ky

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes        No ✓

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9 Lawson vs Vacaville

10 Lawson vs Soleard

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 6-27-08

17 DATE

Jane E. Lawson

SIGNATURE OF APPLICANT

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